FEC FORM 1

STATEMENT OF ORGANIZATION

| FORM 1 | OF | (See instruction | | Office use only | |
|-------------------------------|------------------------|--------------------------|--|-----------------|---------------------------------|
| NAME OF COMMITTEE (in a | | heck if name changed) | Example: If typying, type over the lines | 12FE4M5 | |
| Allyson Schwa | artz for Congress | 1111 | | | |
| | | | <u> </u> | | |
| ADDRESS (number and s | street) P.O. Bo | ox 2232 | | | |
| (Check if address | | | | | |
| is changed) | Jenkin | own | | L PA | 19046 |
| | | | CITY | STATE▲ | ZIP CODE ▲ |
| COMMITTEE'S E-MAI | L ADDRESS (Please pr | ovide only one e-r | nail address) | | |
| (Check if address is changed) | ndeega 1 1 | n@allysonsch | nwartz.com | | |
| | | | | | |
| (Check if address is changed) | | rww.AllysonSo | chwartz.com | | |
| 3. FEC IDENTIFICA | | 2011 | C C00389197 | • | |
| 4. IS THIS STATEM | | _ | C C00389197 AMENDED (A) | ! | |
| I certify that I have exami | B#: | the best of my know | vledge and belief it is true, corre | ct and complete | |
| Signature of Treasurer | Electronically Filed b | y Michael Go | olden | Date 05 | / 26 / Y Y Y Y Y |
| NOTE: Submission of fal | | | subject the person signing this | | |
| Office Use Only | | | For further informati Federal Election Com Toll Free 800-424-95. Local 202-694-1100 | mission | FEC FORM 1 (Revised 02/2009) |